SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

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	ACCIDENT STATEMENT
Date Of Report	25/10/2018 14:41
Date Of Accident	23/10/2018 13:35
Exact Location Of Accident	TUAS RD TWDS TUAS CHECKPOINT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC6521J
Insured/Policyholder	
Name Of Registered Owner	WORLDSHIP SPARES CENTER PTE LTD
Co Reg No	199002323W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A28910523MKC

Driver

Cover Note Number

Name of Driver TAN LIAN SENG NRIC No S1426237G Date Of Birth 26/03/1960 Occupation **OUTDOOR Date Of Driving Pass** 02/06/1980

Driving Experience 38 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96923674

Fax Number

Contact Number OFFICE-96923674

EMail Address NOEMAIL Address BLK 203 TOA PAYOH NORTH

#07-1113

Postcode 310203

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions DRIZZLING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number BKK9278 (COMMERCIAL VEHICLE)

Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name BOON TECK NEIGHBOURHOOD POLICE POST

YES

Police Station Address ROAD: BLK 207 TOA PAYOH NORTH, POSTCODE: 310207, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-2549999 - FAX NO: 63554310

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181023/2133.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number BKK9278

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Page 2 of 24

Accident Sketch Plan

SKETCH PLAN

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Date & Time:

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder)

Name: /

Reporting Centre Personnel's Signature

Accident Sketch Plan

SKETCH PLAN				
	Thas 2d	NB NA	A:	
refer to police		- 7/2018 1022/2123	*	
DECLARATION TWe declare the form to only the form to	particulars are	true in every respect.		
olicyholder Ant e ate & Time:	(Oriver's Signature If driver is not the policyholder) Date & Time:		Reporting Centré Personnel's Signature Name: NRIC/FIN No.:

Police Report





Police Station Of Origin: Boon Teck NPP 207 Toa Payoh North #01-1231 SINGAPORE 310207

1 of 3 Report No. T/20181023/2133

Tel No: 1800-2549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2018 18:46		Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars	200 C			
	f Informant N SENG		Address: APT BLK 203 TOA PAYOH N 310203	NORTH #07-1113 SINGAPORE		
	/ ID No.: O / S14262	37G	Contact No.: Home/Office: Mobile: 96923674			
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age: 58	Date of Birth: 26/03/1960	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: ENGINEER			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 23/10/2018 13:35	Type of Location Roundabout	
Location: Along Road 1 TUAS ROAD Tuas Road to Weather: Drizzling	wards Tuas checkpoint	near Tuas Fire statio	on.	Road Speed Limit:	
Traffic Flow:		Wet Traffic Control: Not Controlled	1.0	Traffic Volume:	
Type of Collisi Between Movi	on: ng Vehicles - Head To l			Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
BKK9278	Lorry			White		0
GBC6521J	Lorry	NISSAN		White	Seriously	1
				Damaged		

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report





Police Station Of Origin: Boon Teck NPP 207 Toa Payoh North #01-1231 SINGAPORE 310207

Report No. T/20181023/2133

Tel No: 1800-2549999

CONTINUATION OF REPORT

Name	Unknown			ID No	÷	NIL
Related Vehicle	BKK9278 (Lorry)		Conta	ict No.	NIL	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days granted Medical Leave NIL			Degree o		NIL	
Driver		The same	The state of the s	DESCRIPTION OF THE PERSON OF T	SES HIER	- LOUIS CONTRACTOR
Name	TAN LIAN SENG		ID No		S1426237G	
Related Vehicle	GBC6521J (Lorry)		Contact No.		96923674	
Hospital/Clinic	NIL			Class Driving Licent Expiry	g :e &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	7	
THE RESIDENCE OF THE PARTY OF T	No. of Days granted Medical Leave NIL					

Brief Details.

On 23/10/2018 at about 1335hrs, I was driving my lorry along Tuas Road towards Tuas checkpoint near Tuas Fire station, along the left lane (2-lane road). There was a Malaysia lorry in front of my vehicle.

The Malaysia lorry stop before entering the roundabout. Subsequently, I just drove my lorry and hit onto the Malaysia lorry at about 15KM/hr. After which, both of us got down from our vehicle. Both of us agreed that I do not have to pay him any money for repair cost as his Lorry sustained no damaged. My lorry's front left area front light and mirror was damaged.

After which, we got back in to our own vehicle and drove off. I do not have any in-car recording installed in my lorry.

Police Report





Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207 CONTINUATION OF REPORT
Tel No: 1800-2549999

3 of 3 Report No. T/20181023/2133

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

E / Sgt 2 EUGENE LOW	Keport:	Signature Of Informant:		
Signature Of Interpreter: Not applicable		Date/Time: 23/10/2018 18:46		
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN		Classification Of Case:		
ABDULLAH Contact No.: 65476204	(E) 50	SAPORE SN 062		
Authentication Stamp NP168	In			
		SIGNATURE		































